

DEPARTMENT OF CORRECTIONS

AUTHORIZATION TO RELEASE INFORMATION

Complete the entire form.

Applicant's Name: _____

Other names Used: _____

Social Security Number: _____

Date of Birth: _____

Other States Lived In: _____

Sex: _____ Male _____ Female

TO WHOM IT MAY CONCERN:

As an applicant for a position with the Department of Corrections, I am required to furnish information for use in determining my qualifications for the position for which I have applied as is evident through my past work record. I hereby expressly authorize the Department of Corrections to contact my present or past employers, co-workers, personal references or any other possible work references. I further expressly authorize those aforementioned past employers and/or references to respond to such work related inquiries and to provide any and all information that they may have concerning me, including information of a confidential or privileged nature. I further release those past employment sources from any liability, which may relate to the information provided to the Department in good faith.

I also authorize the Department to conduct a Criminal Records Check and Background Check via law enforcement agencies and/or an investigator, and an Abuse, Neglect or Mistreatment Check through the Department of Public Health and Human Services. I understand that the purpose of this record and background check is for purposes related to the hiring decision for the position that I have applied only.

This authorization shall be valid and effective for one year from the date signed.

Have you ever been convicted of Domestic Abuse, either Felony or Misdemeanor? If your answer is yes, please provide the date of the conviction and the jurisdiction in which the conviction occurred.

_____ No _____ Yes Date: _____

Jurisdiction: _____

Applicant's Signature: _____

Date: _____